

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	94		1/22/02
O.I.P.E. CLASSIFIER		72345	2-800
FORMALITY REVIEW	SW	72346	2-17-02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date				
Final	Original	1	2	3	4
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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Claim	Date				
Final	Original	1	2	3	4
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